



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

AUG 03 2012

James W. Fuhrmeister
Judge of Probate20120806000286940 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/06/2012 01:49:50 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official GARY MILLER IVEY		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR of City of Hoover			
Address ☐ Check box if reporting new address 709 CRESTED FERN LN.			
City HOOVER	State AL.	ZIP Code 35244	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly
☒ Weekly
☐ Amended Monthly
☐ Amended Weekly

For Monthly Reports
Month in which the
report is filed.For Weekly Reports
Date of Friday in the
week in which the
report is filed.Total Number of
Pages in Report

8.3.12

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	59469.05
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c		
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		59469.05

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official

Date

8.3.12

Sworn to and subscribed before me this 3rd day of August of the year 2012. My commission expires the 8th day of July of the year 2016.

Signature of Notary Public

Print Notary's Name

Thomas D. Strickland

GARY ZVEY

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

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NAME OF CANDIDATE OR ELECTED OFFICIAL: GARY ZVEY

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)									SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other			
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													N/A	



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FORM REVISED 10.27.2011



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